

CONFIDENTIAL

Attachment D

Question 18 -Details on Patients who said No to Global Satisfaction Question

Core Gel Study of the Safety and Effectiveness of the Mentor Round Gel-Filled Mammary Prosthesis  
in Patients Who Are Undergoing Primary Breast Augmentation, Primary Breast Reconstruction or Revision

REASON PATIENT WOULD NOT HAVE SURGERY AGAIN

2 YEAR VISIT REPORT

Patient ID	Visit	Would Patient Have Surgery Again??		Patient (Y/N)	Augmentation
		Date (m/d/y)	Reason (Y/N) if No		
		10/09/2002	N MULTIPLE CAPSULAR CONTRACTURES WITH SURGERY		Y
		01/21/2003	N WOULD RECONSIDER IF WOULD GET SILICONE GEL IMPLANTS AGAIN, WOULD CONSIDER SALINE IMPLANTS INSTEAD		Y
		09/09/2002	N NUMBNESS		Y
		02/28/2003	N SCAR CAPSULE		Y
		01/23/2003	N UNHAPPY WITH SCARS		Y
		04/03/2003	N HYPERTROPHIC SCARRING		Y
		06/23/2003	N UNKNOWN		Y
		05/05/2003	N PAIN AND DISCOMFORT		
		06/11/2003	N DIDN'T REALIZE COULDN'T GET ALL THE GEL FROM THE LAST IMPLANT OUT		Y
		09/08/2003	N FOR RECONSTRUCTION AFTER CANCER		
		09/24/2002	N UNHAPPY WITH SHAPE AND SIZE		Y
		04/08/2003	N COST		Y
		08/05/2003	PATIENT IS UNSURE		
		04/30/2003	N DUE TO ALL PROBLEMS PT HAS HAD		Y
		09/11/2003	N SEVERAL BREAST SURGERIES UNUSUAL EVENTS. UNHAPPY WITH SHAPE		
		04/09/2003	N COMPLICATIONS		
		10/11/2002	N LOSS OF SENSATION		Y
		05/15/2003	N PT TERMINALLY ILL		
		09/27/2003	N HAD A BAD EXPERIENCE WITH SURGEON		
		03/05/2003	N BREASTS TOO "HEAVY"		Y